

EPISCOPAL PACIFIC ISLAND MINISTRY
EASTER RENEWAL CAMP
APRIL 02 – 05, 2015

Family Registration Form:

Participant Contact Information:

Printed Name : _____ Last Name: _____

Spouse Name: _____ Last Name: _____

Address: _____ City: _____ Zip Code: _____

Phone Contact No.1: _____ Phone Contact No.2: _____

Alternate Emergency Contact Person: _____ Phone No: _____

Ethnicity: _____ Church Sponsor: _____

Number of Children Participate: _____ Ride Bus: Yes or No

Please list your child(ren) name below who will be at the camp with you

Children's Name	Group Belongs	Male	Female	Age	Amount Pay

PERSONAL HEALTH & MEDICAL INFORMATION
AUTHORIZATION

I, _____, mother /father /legal guardian of child(ren) named, _____, _____, and _____ has /have my permission to participate in the Episcopal Pacific Islanders Renewal Easter Camp 2015, for 4 days at Our Lady of Kea'uu 83-300 Farrington Hwy Waianae HI 96792.

If I cannot be reached by phone, the P.I.M. Missioner or P.I.M. Group Leaders have my permission to authorize medical treatment for my child(ren) mention above. This authorization includes the securing of medical, dental, emergency or hospital treatment, including surgery, x-rays, drugs and anesthesia.

I hereby certify that I have read and fully understand the above authorization for medical treatment. I accept all financial responsibility for the same. I also certify that no guarantee or assurance has been made as to the results that may be obtained.

DATE OF LAST TETANUS SHOT: _____

DIETARY OR SPECIAL HEALTH REQUIREMENTS: _____

MEDICAL CONDITIONS: _____

PRESCRIPTIONS/OVER-THE-COUNTER MEDICINES/TREATMENT REGIMENS: _____

ANY OTHER CONCERNS THAT WE SHOULD BE MADE AWARE OF:

PARENT OR GUARDIAN'S SIGNATURE: _____ DATE: _____

SIGNATURE ABOVE NAME & ADDRESS: _____

CELL _____ HOME _____ WORK _____

(Please attach a copy of both sides of your medical insurance card.)

LIABILITY INFORMATION FORM:

I give my permission for my child(ren) to attend the Episcopal Pacific Islander 4 days Renewal Easter Camp at The LADY OF KEA'AU, Waianae scheduling for April 2nd through 5th , 2015.

I give my concern and authority for the P.I.M. Missioner and P.I.M. Campsite Group Leaders to take responsible and any reasonable action to help ensure my child(ren)'s safety, health and welfare, including any necessary Medical or Emergency Treatment.

I understand that my child(ren) will be required to follow Diocesan Pacific Islander Ministry Renewal Easter Camp Guidelines, and that any breach of these rules may result in my child(ren) being disallowed to participate in the remainder days of the camp.

I understand that my child(ren) may be sent home at her/his/their own expense if she/he/they break any Campsite rules or very hard to manage, while the E. P.I.M. Missioner and various group leaders will make every reasonable effort to watch and oversee my child(ren) while at the event.

I acknowledge that all incidents associated with activities cannot be foreseen.

I hereby release and discharge The Episcopal Diocese of Hawai'i and Pacific Islander Missioner, and affiliated group leaders from any claims, causes of action, costs, obligations or financial responsibility resulting from or arising out of any accident occurring while my child(ren) are participating in this camp.

(Parents/Guardian Signatures)

(Date)

(Signature's Above Printed Name)

(Relationship)

AUDIO /VISUAL IMAGE RELEASE:

The Episcopal Diocese of Hawai'i and Pacific Islander Ministry Missioner use images and sounds of children and affiliate group leaders, participating in programs as a way of documenting the event activities and experiences during this camping.

Neither The Episcopal Diocese of Hawaii nor P.I.M. Missioner will identity my child(ren), only first name and program, unless I give specific written permission to do otherwise.

In consideration of the above, I hereby consent to The Episcopal Diocese of Hawai'i and the Pacific Islander Ministry Missioner to:

- (1) Photographing, filming, and video-taping my child(ren) and
- (2) Using and displaying images and sounds of my child in their websites, archives, and promotional or information material, including but not limited to newsletters, brochures, advertisements, and newspaper articles, and
- (3) I hereby waive and release on behalf of my child any rights of compensation for, or ownership of, such images and/or sounds of my child(ren).

I have read this audio/visual media release, and I agree to its terms and conditions

Parents/Guardian Signatures

Date

Signature's Above Printed Name

Relationship

Items Suggested to Bring to Camp:

- Sleeping Bag/Bed Roll and a Pillow
- Clothing, swimwear, pajamas
- Jacket and hat
- Rain Poncho
- Water bottle
- Camera/film
- Beach Towel and are not provided by the campsite
- Toiletries, shampoo, soap, toothbrush, and toothpaste
- Reading Material –A Bible, Journal and a Pen
- Flashlight/ Lanterns
- Identification and emergency contact numbers
- First aid kit (Camp does not provide any medical services, medication or transportation)
- Hiking shoes and slippers
- Day backpack
- Sunscreen
- Bath towel
- Bug repellent
- Emergency supplies
- Bring your own snacks
- Own Water bottle
- Musical instruments: Ukulele, String Guitar, ear phones
- Own cell phone
- Own Picnic Plate, Cups, fork and spoon in a clothed air dry bag

Easter Renewal Camp

Sponsored by the Episcopal Pacific Island Ministry

WHAT?

Commemorating the Holy Week leading up to Jesus's resurrection:

- Maundy Thursday
- Good Friday
- Holy Saturday
- Easter Sunday

Family, Friends, Sunday School, Youth, Young Adults and Young in heart.

All are WELCOME

WHEN?

Thursday April 2nd – Sunday April 5th 2015

Adults - \$60.00

Per Child (12 under)- \$30.00

**All Check payable to the
Episcopal Diocese of Hawaii – P.I.M. Easter Camp**

WHERE?

Our Lady of Ke'au
83-300 Farrington Highway
Waianae HI 96792

CONTACT PERSON:

Kilisilola Fane Lino – Episcopal Pacific Islander Missioner

Cell Phone: (808) 548-1719/ 888-3795

Email: fanelino@gmail.com